### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A. BLDG:00		(X3) DATE SURVE COMPLETED:	MPLETED:		
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY  STATE LICENSE NUMBER: 07431500			STREET ADDRESS, CITY, STATE, ZIP CODE: 401 NORTH YORK ROAD WARMINSTER, PA 18974					
STATE LICENSE NUMBER: <b>0/431500</b>								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT			S 0000				
l  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATU			ATURE	<u> </u>	TITLE:	(X6) DATE:	<u>'</u>	

State Form BNKJ12 IF CONTINUATION SHEET Page 1 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY  STATE LICENSE NUMBER: 07431500		ı	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	.D		
(X4) ID PREFIX TAG	SUMMARY STATEMEN' MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 0000	This report is the result survey conducted on A State Licensure survey at the Surgery Center of determined that the fact with the requirements Department of Health' Ambulatory Care Faci IV, Subparts A and F, November 1999.	August 15, 2023, follow completed on July 20 of Bucks County. It cility was not in composite Pennsylvania is Rules and Regulatilities, Annex A, Title	owing a 26, 2023, was pliance	S 0000			

State Form BNKJ12 IF CONTINUATION SHEET Page 2 of 34

### Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001057		B. WING:		08/16/2023	
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S 0160				S 0160			

State Form BNKJ12 IF CONTINUATION SHEET Page 3 of 34

		` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001057				08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY  STATE LICENSE NUMBER: 07431500		STREET ADDRESS, 401 NORTH Y WARMINSTI	YORK ROA	D			
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY OF TIFYING INFORMATION)	LSC PREFIX TAG CORRECTIVE ACTI		PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 3  551.101 Correction of December 551.101 Policy  If an ASF notifies the a plan of correction and condeficiencies, the Department ascertain completion of the Upon finding full or substitute 551.82 (b)(relating to a region of the Department will issue)  This REGULATION is not such as the continue of the Department will issue the Department will be a provided by the	e Department that it has corrected its ent will conduct a survey to plan of correction.  antial compliance, as define gular license),  a regular license.	to	S 0160	The Governing Board will rapprovals, list them on the mand not refer to attachments  The Medication Administrat Policy will be again reviewer clinical staff, specifically, "medications must be record accurately. The drug, dosage signature of nurse giving medication, time and date."  Preoperative medications the given must be signed, dated timed. When eye drops are comore than one time at differ intervals, each medication tibe initialed and each medication to be initialed and each medication to be grouped togethe nursing staff will be re-educinstructed the proper way to document, and give a medic return demonstration compet the policy related to docume of medications will be compeach staff nurse. Charts will audited daily for 30 days to compliance. Results will be	at are and ordered ent me must ation and er. All sated, ation. A stency of entation oleted for I be ensure	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023

State Form BNKJ12 IF CONTINUATION SHEET Page 4 of 34

PLAN OF CORRECTION (POC) IDENTIF		IDENTIFICATION NUMBER	IDENTIFICATION NUMBER: A. I		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:  08/16/2023	
SURGERY	VIDER OR SUPPLIER:  CENTER OF BUCKS CO E NUMBER: 07431500	39C0001057 UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	CITY, STATE, Z	MIP CODE:	(0.10,2020		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0160	Continued from page 4			S 0160	to the Safety/Risk Managem Committee, Medical Advisor Governing Boards.  Ongoing corrective action we continue to be monitored by monthly chart audit tool. The nursing staff audit fifteen characteristic monthly. The Administrator Patient Safety and Quality Improvement, Safety/Risk Management, Medical Advis Board and Government Board Committees will report result Administrator and Medical I are responsible for this plan correction.	rill the e arts r to the sory rd lts. The		

State Form BNKJ12 IF CONTINUATION SHEET Page 5 of 34

		` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001057		A. BLDG: _ B. WING: _		08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500			STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	.D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 0160	Based on review of the (PoC), medical records facility documents and was determined the factoristic by failing to facility and accepted survey dated May 25, 2 date as approved by the 2023  Findings include:  1.Review on August 1 statement for 553.31 (a responsibilities, reveal Administrator shall approversee the day-to-day his/her absence who has for the Center plan of presented to the Government.	s (MR), personnel fill interview with staff cility failed to correct follow the Plan of Cod by the Department 2023. The corrective e Department was July 5, 2023, of the facility a) Administrative ed "Corrective Action point a designated per operations in the evaluation and will be a suthority and respond correction and will be a suthority and respond to the supplier of	les (PF), S'(EMP), it t deficient rrection for the e action line 20,  ty's PoC  on: The erson to ent of onsibility	S 0160			

State Form BNKJ12 IF CONTINUATION SHEET Page 6 of 34

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
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S 0160	Continued from page 6  Review on August 15,	warning	S 0160				
	body meeting minutes the new staff appointm	revealed no docume	ntation				
	was presented to the go						
	documention of a signed orientation for the posi	-					
	2.Review on August 15 statement for 555.11 M. "Corrective Action: Fa will be reviewed with a RNs have been instruct as written. All physicia records have been revisorders All physician the new orders The following the standing Orders" pollipatients The policy of Medical Staff by 6/30/2 will be presented to the Governing Board."	Iedical orders, reveal cility policy 'Medical all Nursing staff on the death of the follow the MI an orders and medical sed to reflect clear research will review and significantly is adopting a cy to ensure timely will be shared with the 23 plan of correct	led al Orders' 6/20/23. b's order ation eadable gn-off on care of he ion and				

State Form BNKJ12 IF CONTINUATION SHEET Page 7 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001057			<u></u>	08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500		STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	.D			
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S 0160	Review on August 15, MR4, MR5, and MR6, the Standing Orders diffor implementing stand 3. Review on August 15 statement for 563.13 E Action All physician re-educated on the impute medical record. The each clinical staff mem Review on August 15, MR6 revealed nursing policy for the documer 4. Review on August 15 statement for 563.13 (control of the control of the documer for 563.13).	revealed the applicated not follow establishing orders.  5, 2023, of the facilitatives, revealed "Constant and nursing staff wortance of documente Policy will be revisible"  2023, of MR2, MR3 staff failed to follow that of signatures.	ty's PoC rrective will be tation in ewed with	S 0160			

State Form BNKJ12 IF CONTINUATION SHEET Page 8 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER					(X3) DATE SURVI COMPLETED:	EΥ	
39C0001057					_00	08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500			STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
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S 0160	Continued from page 8			S 0160			
	"Corrective Action a physicianswill be re-ed Administration Policy, be recorded in the patie accurately. The drug, d nurse giving medication	lucated on the Medic specifically, 'medic ent's medical record losage, route, signati	ations must				
	Review on August 15, 2023, of MR1, MR2, MR3, MR4 and MR6 revealed pre-operative medications were administered at various time intervals and the documented times were grouped together and signed with a single signature.						
	Interview on August 15, 2023, at 12:30 PM wit EMP1 confirmed the facility did not comply wi their plan of correction that was submitted to th Department and approved June 20, 2023.						
S 331A				S 331A			

State Form BNKJ12 IF CONTINUATION SHEET Page 9 of 34

		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER: 39C0001057	LIA		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY  STATE LICENSE NUMBER: 07431500		COUNTY	STREET ADDRESS. 401 NORTH Y WARMINSTI	YORK ROA	D		
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S 331A	authority and responsibil all times. Qualifications,	rge shall be appointed who ity for the operation of the authority, responsibilities a large shall be defined in a w governing body.	ASF at nd	S 331A	The Administrator shall app designated person to oversed day-to-day operations in the of his/her absence who has authority and responsibility Center. The Administrator in appoint the Director of Nursand/or Infection Control Nu During this time, they will in direct patient care. The adminicharge will be added to the scheduled to ensure complia staff will be made aware of "administrator in charge." The Medical Advisory Board and Governing Board were again on August 17, 2023 for the appoint an interim administrate absence. The Director of Nand Infection Control Nurse oriented on August 15, 2023 signed position description in their personnel files. The Modirector and Administrator responsible for this plan of correction and will be presented Medical Advisory and Governing Board once appring Board once appring the medical Advisory and Governing Board	for the nay sing ree. Not be inistrator ne weekly nee. All the he d notified need to rator in ors' ursing were 8, and a si in edical are	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023

State Form BNKJ12 IF CONTINUATION SHEET Page 10 of 34

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	BER:		PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		39C0001057			<u>00</u>	08/16/2023		
SURGERY	VIDER OR SUPPLIER: V CENTER OF BUCKS CO	DUNTY	STREET ADDRESS 401 NORTH Y WARMINST	YORK ROA	D			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION CROSS-REFERENCED TO TH	SHOULD BE	(X5) COMPLETE DATE	
S 331A	Continued from page 10  Based on review of far files (PF) and interview determined the facility administrator in the abadministrator.  Findings include:  Review on August 15, "Wills Surgery Center Board Meeting" dated "The Governing Board results and POC of the conducted on 5/23/202 been submitted and ap Further review revealer governing board was a administrator was apprended to the conducted on the conducted	w with staff (EMP) is a failed to designate a sence of the facility does a Bucks County, Gov June 29, 2023, reveal met Ad Hoc to review Department Health 23. A Plan of Correct oproved on 6/20/2023 and documentation notified an interim	t was an interim  cument erning aled few the Survey tion has 3" the	S 331A				
	Review on August 15,	2023, of PF2 reveal	ed no					

State Form BNKJ12 IF CONTINUATION SHEET Page 11 of 34

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A (X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001057				08/16/2023	
SURGERY	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 331A	documentation of a signed job description or orientation for the position of interim administrator.  Interview on August 15, 2023, with EMP1 confirmed PF2 was not oriented to the position of interim administrator and confirmed they did not have a signed job description.			S 331A			
S 551A	have a signed job description.			S 551A			

State Form BNKJ12 IF CONTINUATION SHEET Page 12 of 34

PLAN OF CORRECTION (POC)		IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:  08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500		STREET ADDRESS, 401 NORTH Y WARMINSTI	YORK ROA	D			
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S 551A	Continued from page 12  555.11 (a) MEDICAL ORE  555.11 Medical orders    Written orders     (a) Medication or trea authorized persons to admir only upon written and signe within the scope of the practitioner's license.  This REGULATION is not	tment shall be administe nister drugs and medicated od orders of a practitione	ions	S 551A	All physicians and nursing sibe re-educated on the revised standing order physician treatment/order sheets that wisigned, dated and timed the coursery. Each physician will the medication therapy on the standing order for the patient. Unless there is an allergy, the as written reflect the approprior the patient. If an allergy reported, a substitution medicate will be administered.  The Administrator and/or the Director of Nursing will audicate the patient charts daily for 2 weed ensure 100% compliance. Resulted the audits will be reported to Safety Committee as well as Medical Advisory and Gove Boards.  Ongoing performance will be monitored by including a "Source of the monitored by including a "Source of the monitored monthly. Identified non-compliance will be reported to Medical Director for discontinuation."	rill be day of identify te t. t. e orders riateness is cation  te it 10 teks to tesults of the the trning thly te orted to	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023

State Form BNKJ12 IF CONTINUATION SHEET Page 13 of 34

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001057		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/16/2023	EY
SURGERY	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
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S 551A	Continued from page 13			S 551A	with the provider.  Results will be reported by the Administrator to the Patient and Quality Improvement, R. Management, Medical Advis Governing Board committees. Medical Director and Admin are responsible for this plan of correction and will be present the Medical Advisory and Governing Boards.	Safety isk sory and s. The histrator of	

State Form BNKJ12 IF CONTINUATION SHEET Page 14 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001057				08/16/2023	
NAME OF PROVIDER OR SUPPLIE SURGERY CENTER OF STATE LICENSE NUMBER: 0743	F BUCKS CO	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
` '	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
(MR) and indetermined policy to for implemental findings in the A written received.  A written received and a written received and the area of the findings in	review of fanterview will the facility ollow a standation and conclude:  equest via e oving the use oving the use oving the use of the on 5/23/202 itted and appriew reveale	acility policy, medicath staff (EMP), it was failed to follow estandardized format for the impletion of standing amail was made on Amail was made on Amail was made on Amail was made on Amail was facility door Bucks County, Gov June 29, 2023, reveal met Ad Hoc to revious Department Health 3. A Plan of Correct proved on 6/20/2023 d no documentation wed the use of standard facility proved the use of standard facility proved on 6/20/2023 d no documentation wed the use of standard facility was facility proved on 6/20/2023 d no documentation wed the use of standard facility proved on 6/20/2023 d no documentation wed the use of standard facility proved on 6/20/2023 d no documentation wed the use of standard facility proved on 6/20/2023 d no documentation wed the use of standard facility proved on 6/20/2023 d no documentation wed the use of standard facility proved on 6/20/2023 d no documentation wed the use of standard facility proved	as ablished the gorders.  August 21,  None  cument erning aled ew the Survey tion has 3" the	S 551A			

State Form BNKJ12 IF CONTINUATION SHEET Page 15 of 34

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED:	
39C0001057		39C0001057			00	08/16/2023	
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S 551A	Continued from page 15			S 551A			
	orders.						
	Review on August 15, 2023, of facility policy "Standing Orders" effective June 29, 2023, revea " Standing Orders must Be approved for use this institution through appropriate medical staff nursing process follow a standardized format the prescriber to select desired orders [checkbox circle] Be individualized as appropriate to the needs a condition of the specific patient to which orders are being applied"						
	Review on August 15, MR4, MR5 and MR6 r presented to the surger procedure between the August 14, 2023. Furt documentation "Standi Sheet" revealed no doc standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, that were specific and the standardized format to or circle, the standardized format to or circle for the standardi	revealed these patientry center for a surgicular dates of July 26, 20 ther review of physician Treatmentation for a select orders, via ch	ats al 23, thru cian nent/Order eckbox				

State Form BNKJ12 IF CONTINUATION SHEET Page 16 of 34

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001057			00	08/16/2023	
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S 551A	and condition.  Interview on August 15, 2023, with EMP1 confirmed the standing order sheet did not follow the facility's established policy to select orders based on the specific patient's need or condition.		S 551A				
S 554A				S 554A			

State Form BNKJ12 IF CONTINUATION SHEET Page 17 of 34

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· 1		(X3) DATE SURVEY COMPLETED:	
		39C0001057				08/16/2023		
SURGERY	OVIDER OR SUPPLIER: Y CENTER OF BUCKS CO SE NUMBER: 07431500	DUNTY	STREET ADDRESS. 401 NORTH Y WARMINSTI	YORK ROA	D			
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S 554A	Continued from page 17			S 554A				
	555.24 (a) Surgical Service 555.24 Postoperative Care  (a) The findings and the accurately and complete dictated immediately after predical staff member who physician assistant or certificate performed part of the operatechniques of the procedure completely recorded and the by the medical staff members a part of the patient's medical staff members are part of the patient's medical staff members.	echniques of an operationally written or procedure by the practition performed the operation field registered nurse praction, the findings and exhall be accurately and the report shall be countered to the counter of	oner . If a titioner		All procedures performed ar dictated by the physician immediately following the completion of the procedure 24 hours. The typed correcte operative note is signed by the physician within 30 days and in the patient's medical recomplysicians will be re-educated documentation of findings at techniques of the operation a including such on the Progres Notes. A sign-off will be more to show compliance. Charts will be audited daily days to ensure compliance. will be reported to the Safety Management Committee, M Advisory and Governing Bo Ongoing corrective action we monitored by the monthly claudit tool that will include prote completion. Fifteen charaudited monthly by the nursistaff. Results will be reported Administrator to the Patient and Quality Improvement, Safety/Risk Management, Managemen	within ed he d placed rd. All ed on and ess aintained for 30 Results y/Risk edical ards. rill be nart rogress arts are ing ed by the Safety	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

State Form BNKJ12 IF CONTINUATION SHEET Page 18 of 34

PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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SURGERY	VIDER OR SUPPLIER:  Y CENTER OF BUCKS CO SE NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
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S 554A	Continued from page 18			S 554A	Advisory Board and Govern Board Committees. The Administrator and Medical I are responsible for this plan of correction.	Director	

State Form BNKJ12 IF CONTINUATION SHEET Page 19 of 34

,		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
39C0001057			9C0001057		B. WING:		
SURGERY	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTI	ORK ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 554A	Continued from page 19  Based on review of factorecords (MR), and interwas determined that the findings and technique written after the procedure performed the operation reviewed (MR1, MR2, Findings include:  Review on August 15, "Medical Staff Guideli operative note shall be following the surgical staff Guideli operative note shall be following the surgical staff Guideli operative note shall be following the surgical staff Guideli operative note shall be following the surgical staff Guideli operative note shall be following the surgical staff Guideli operative note shall be following the surgical staff Guideli operative note shall be following the surgical staff Guideli operative notes shall be following the surgical staff Guideli operative notes shall be followed between July 2023. Further review of "Progress Notes" for Medical Staff Guideli operative notes shall be followed between July 2023. Further review of "Progress Notes" for Medical Staff Guideli operative notes shall be followed between July 2023. Further review of "Progress Notes" for Medical Staff Guideli operative notes shall be followed between July 2023. Further review of "Progress Notes" for Medical Staff Guideli operative notes shall be followed between July 2023. Further review of "Progress Notes" for Medical Staff Guideli operative notes shall be followed by the staff of the staf	rview with staff (ENe facility failed to end of the operation will be facility failed to end of the operation will be facility for for 4 of 6 medical MR3, MR6).  2023, of facility documents of the center for a surgice of physician documents for the facility for the facility 25, 2023 and August of physician documents for the facility 25, 2023 and August facility for the facility facility for the facility facility facility for the facility	MP), it insure the ere ere mer who records eument ed "An y esse tal ast 14, entation d MR6	S 554A			
	revealed no documenta	ation of the findings	and				

State Form BNKJ12 IF CONTINUATION SHEET Page 20 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED:			
		39C0001057		B. WING:		08/16/2023	
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500		UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE		
S 554A	techniques of the operation, and no documention an operative note was dictated.  Interview on August 15, 2023, with EMP1 at approximately 1:00 PM with EMP1 confirmed the physicians did not document an operative note of findings or techniques immediately after the procedure and confirmed no documentation the physicians dictated a note immediately following the procedure.			S 554A			
S 6413				S 6413			

State Form BNKJ12 IF CONTINUATION SHEET Page 21 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED:		
		39C0001057				08/16/2023	
SURGERY	VIDER OR SUPPLIER:  7 CENTER OF BUCKS CO SE NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTI	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6413	Continued from page 21 563.13 (a) Entries 563.13 Entires (a) Entries in the record authenticated by the person This REGULATION is not	making the entry.		S 6413	All nursing staff will be re-earnd instructed on the importate Documentation in the medicate record. The Policy will be rewith each clinical staff memireinforce the requirement of signature, specifically, "documentation of nursing comust include the nurse's sign which consists of the first insurname and title." A return demonstration competency we performed for each nurse to compliance. Staff will receive of the policy as and a sign of will confirm onsite education Director of Nursing will aud patient charts daily for 2 weed ensure 100% compliance.  Ongoing corrective action we monitored by proper signature present to the monthly chart Fifteen charts are audited mother by the nursing staff. Results reported by the Administrator Patient Safety and Quality Improvement, Risk Manager Medical Advisory Board and	ance of cal eviewed ber to care nature itial, will be ensure ve a copy ff sheet n. The lit 10 eks to will be re audit. conthly s will be or to the	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023

State Form BNKJ12 IF CONTINUATION SHEET Page 22 of 34

### Pennsylvania Department of Health

OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED:	
	39C0001057	B. WING: 08/16/2023				
VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	401 NORTH Y	ORK ROA	D		
MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE
Continued from page 22			S 6413	Administrator and Medical I	Director	
	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500  SUMMARY STATEMENT MUST BE PRECEEDE IDENTII	RECTION (POC)  IDENTIFICATION NUMBER  39C0001057  WIDER OR SUPPLIER:  CENTER OF BUCKS COUNTY  E NUMBER: 07431500  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)	RECTION (POC)  IDENTIFICATION NUMBER:  39C0001057  VIDER OR SUPPLIER:  CENTER OF BUCKS COUNTY  E NUMBER: 07431500  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	A. BLDG: _ B. WING: _  VIDER OR SUPPLIER: CENTER OF BUCKS COUNTY E NUMBER: 07431500  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  IDENTIFICATION NUMBER: A. BLDG: _ B. WING: _  VIDER OR SUPPLIER: A. BLDG: _ B. WING: _  WARMINSTER, PA 189'  PREFIX TAG	RECTION (POC)  IDENTIFICATION NUMBER:  39C0001057  STREET ADDRESS, CITY, STATE, ZIP CODE:  401 NORTH YORK ROAD  WARMINSTER, PA 18974  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 22  S 6413  Governing Board Committee Administrator and Medical I are responsible for this plan	RECTION (POC)    IDENTIFICATION NUMBER:   A. BLDG:00   08/16/2023     WIDER OR SUPPLIER:   CENTER OF BUCKS COUNTY   STREET ADDRESS, CITY, STATE, ZIP CODE:   401 NORTH YORK ROAD   WARMINSTER, PA 18974

State Form BNKJ12 IF CONTINUATION SHEET Page 23 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_		(X3) DATE SURVEY COMPLETED:	
39C0001057					<u>uu</u>	08/16/2023	
SURGERY	VIDER OR SUPPLIER:  Y CENTER OF BUCKS CO SE NUMBER: 07431500	DUNTY	STREET ADDRESS 401 NORTH Y WARMINSTI	YORK ROA	D	•	
(X4) ID PREFIX TAG	MUST BE PRECEEDI	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6413	Based on review of fact (MR) and interview with determined the facility policy for documentating record for 3 of 6 medic MR3 and MR6)  Findings include:  Review on August 15, "Documentation" not of Documentation of nurse nurses' signature. A significant presented to the 2023, for a surgical pronursing documentation revealed initials were cadministration of medical control of the desired administration of the desi	2023, of facility poldated, revealed " sing care must also in gnature consists of the"  2023, of MR2, revealed " surgery center on Jocedure. Further revealed "Patient Medication documented for the	icy icy icy iclude the he first  aled the fuly 25, iew of	S 6413			

State Form BNKJ12 IF CONTINUATION SHEET Page 24 of 34

	ORRECTION (POC) IDENTIFICATION NUMBER: COMPLETED  A. BLDG:00		(X3) DATE SURVE COMPLETED: 08/16/2023	TED:			
SURGERY	IDER OR SUPPLIER: CENTER OF BUCKS CO NUMBER: 07431500		STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 6413	Review on August 15, patient presented to the 2023, for a surgical pronursing documentation revealed revealed initial administration of medical administration of medical administration of medical formursing documentation revealed revealed initial administration of medical administration of medical administration of medical approximately 11:00 A documention of medical signed with initials and was not followed.	e surgery center on Jocedure. Further revisive Patient Medicationals were documented cation.  2023, of MR6, reverse surgery center on Jocedure. Further revisive Patient Medicationals were documented cation.  5, 2023, with EMP1 M confirmed the ation administration	uly 27, iew of n Record" I for the aled the uly 26, iew of n Record" I for the	S 6413			

State Form BNKJ12 IF CONTINUATION SHEET Page 25 of 34

### Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED:	
		39C0001057				08/16/2023	
SURGERY	VIDER OR SUPPLIER: V CENTER OF BUCKS CO SE NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6413	Continued from page 25			S 6413			
S 6415				S 6415			

State Form BNKJ12 IF CONTINUATION SHEET Page 26 of 34

			(X3) DATE SURV COMPLETED:	EY			
		39C0001057				08/16/2023	
SURGERY	VIDER OR SUPPLIER:  'CENTER OF BUCKS CO SE NUMBER: 07431500	UNTY	STREET ADDRESS 401 NORTH Y WARMINSTI	YORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Continued from page 26  563.13 (c) Entries  563.13 Entires  (c) A single signature of does not suffice to authentic entry shall be individually at This REGULATION is not	uthenticated.		S 6415	All clinical staff will be re-ed on the importance of docume specifically, "charts should be written as close to the time of intervention as possible." At digital clocks have been pure and will be installed in all clipareas to reinforce accurately reflecting times in the medical All nursing staff will be re-ed and instructed on the importance Documentation and Medicat Administration in the medical The Policies will be reviewed each clinical staff member to reinforce the requirement of signature, specifically, "documentation of nursing continuous specifically,"	entation, see  if  if  chased  inical  al record.  ducated  ance of  ion  al record.  d with	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023
					must include the nurse's sign which consists of the first in surname and title." A return demonstration competency v performed for each nurse to compliance. Staff will receiv of the policy as and a sign of will confirm onsite education Director of Nursing will aud patient charts daily for 2 week	ature itial,  vill be ensure ve a copy if sheet in. The it 10	

State Form BNKJ12 IF CONTINUATION SHEET Page 27 of 34

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED:  A. BLDG:00_		ΞY	
		39C0001057				08/16/2023	
SURGERY	VIDER OR SUPPLIER: V CENTER OF BUCKS CO SE NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	.D		
(X4) ID PREFIX TAG	IX MUST BE PRECEEDED BY FULL REGULATORY (			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Continued from page 27			S 6415	ensure 100% compliance.  Ongoing corrective action we monitored by proper signature present to the monthly chart. Fifteen charts are audited more by the nursing staff. Results reported by the Administrator Patient Safety and Quality. Improvement, Risk Manager Medical Advisory Board and Governing Board Committee Administrator and Medical I are responsible for this plant correction.	re audit. onthly will be or to the ment, l es. The Director	

State Form BNKJ12 IF CONTINUATION SHEET Page 28 of 34

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001057		B. WING:		08/16/2023	
SURGERY	VIDER OR SUPPLIER: V CENTER OF BUCKS CO SE NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6415	Based on review of factorecords (MR) and interdetermined the facility policy to ensure entries signed and dated by he time of the entry in 1 of the findings include:  Review on August 15, "Documentation" not of should be written as claintervention/action as particularly and the should be written as claintervention/action as particularly and the should be written as claintervention/action as particularly and should be written as claintervention/action as particularly and should be written as claintervention action as particularly and should be written as claintervention and should be written as claintervention and should be written as claintervention as particularly and should be written as claintervention and should be written as claintervention.	rview with staff (EM failed to follow its estain the medical recall the failed to follow its estain to the medical recall the failed revealed reviewed 2023, of facility polloted revealed " Choose to the time of cossible"  2023, of MR1 revealed surgery center on A revealed the procedure start time and discrepance.	P) it was established cord were at the l. (MR1) icy narts	S 6415			

State Form BNKJ12 IF CONTINUATION SHEET Page 29 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001057			<u></u>	08/16/2023	
SURGERY	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6415	Continued from page 29			S 6415			
	Interview on August 13 11:30 AM with EMP1 entries: procedure constime and discharge evaluations to the time of the	confirmed the followent form, procedure luation were not do	wing start				
	Based on review of fact (MR) and interview with determined the facility entries were individual medical records review MR4, MR6)	th staff (EMP) it wa failed to ensure med ly authenticated in 5	s dication 5 of 6				
	Findings include:						
	Review on August 15, "Medication Administrated medications must be remedical record accurate signature of the nurse g	ration" not dated, revecorded in the patien ely. The drug dosag	vealed " t's ge, route,				

State Form BNKJ12 IF CONTINUATION SHEET Page 30 of 34

PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: COM		(X3) DATE SURVE COMPLETED:	X3) DATE SURVEY COMPLETED:				
		39C0001057			00	08/16/2023	
SURGERY	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6415	Continued from page 30			S 6415			
	date"						
	Review on						
	Review on August 15, patient presented to the 14, 2023, for a surgical of nursing documention revealed 5 pre-operative documented to be administervals. Further revier dose of medication was together in one box ide with 1 signature for all	e surgery center on A procedure. Further in "Patient Medications re eye medications was inistered 3 times at warevealed the time is administered, were notified as "Time" ar	August review on Record" vere 15 minute each e grouped				
	Review on August 15, patient presented to the 2023, for a surgical pronursing documentation revealed 2 pre-operative documented to be admit	e surgery center on Jocedure. Further revi "Patient Medication re eye medications v	fuly 25, iew of n Record" vere				

State Form BNKJ12 IF CONTINUATION SHEET Page 31 of 34

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001057		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED:  A. BLDG:00  B. WING: 08/16/2023			ΞY
SURGER	OVIDER OR SUPPLIER: Y CENTER OF BUCKS CO ISE NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTI	ORK ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 6415	intervals. Continued repre-operative eye med times at 15 minute intervealed the time each administered, were greatentified as "Time" are initials or a signature.  Review on August 15, patient presented to the 2023, for a surgical pronursing documentation revealed 6 pre-operative documented to be admintervals. Further reviewed of medication was together in one box identified as "Review on August 15," Review on August 15, and a surgical provides as a surgical provides and a surgical provides and a surgical provides as a	ication was administ ervals. Further review dose of medication support together in one and signed with either 2023, of MR3, reveaus surgery center on Judged together in Judged together	was e box 1 set of  aled the uly 27, tew of n Record" vere 5 minute e each e grouped ad signed	S 6415			

State Form BNKJ12 IF CONTINUATION SHEET Page 32 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001057			00	08/16/2023	
SURGERY	VIDER OR SUPPLIER: CENTER OF BUCKS CO E NUMBER: 07431500	UNTY	STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	.D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6415	Continued from page 32  2023, for a surgical pronursing documention "revealed 5 pre-operative documented to be adminute intervals. Furth each dose of medication grouped together in one signed with 1 signatures. Review on August 15, patient presented to the 2023, for a surgical pronursing documentation revealed 4 pre-operative documented to be adminute intervals. It time each dose of medication were grouped together "Time" and signed with	Patient Medication In the eye medications whinistered 3 times at the review revealed the mass administered, the box identified as "" as a surgery center on Judgment of the eye medications with the eye medications with the eye medications with the eye medication was administered 3 times at a surfly further review reveau ication was administered in one box identified that I set of initials.	Record" vere 15 he time were Time" and aled the uly 26, few of n Record" vere led the tered, d as	S 6415			
	Interview on August 1:	5, 2023, with EMP1	at				

State Form BNKJ12 IF CONTINUATION SHEET Page 33 of 34

### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBE  39C0001057			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/16/2023		
` '		STREET ADDRESS, 401 NORTH Y WARMINSTE	ORK ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COMPI		(X5) COMPLETE DATE
S 6415	Continued from page 33  approximately 11:00 AM confirmed the times pre-operative eye medication were administered were documented in a group and signed with a single signature or initials.		S 6415				

State Form BNKJ12 IF CONTINUATION SHEET Page 34 of 34



# **Certified End Page**

#### SURGERY CENTER OF BUCKS COUNTY

STATE LICENSE NUMBER: 07431500 SURVEY EXIT DATE: 08/16/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY